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"QUICQUID PRÆCIPIES ESTO BREVIS."

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THE

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T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

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VOL. XI. ATLANTA, GA., JANUARY 20, 1881. NO. 1.

ORIGINAL AND SELECTED ARTICLES.

CONVERSATIONS UPON THE PHYSICAL AND MENTAL HYGIENE OF GIRLHOOD.

BY T. S. POWELL, M.D.,

Professor of Obstetrics and Diseases of Women, and Lecturer on Medical Ethics in the Southern Medical College.

At the urgent solicitation of some of my partial friends, or those who, I fear, over-estimate the value of my experience in the treatment of diseases peculiar to the female pelvis, I have consented to publish a few cases from my case-book.

Some of these I may report in the usual manner, and others in the colloquial style, as in this way certain facts can be more clearly shown, and grave errors more effectually combatted.

To describe conditions and give remedial agents are not sufficient in every case. The why and how these symptoms and conditions arise must be fully understood, as they frequently determine the real cause to be very obscure.

To treat the diseases of females successfully, the physician should not be content with only a knowledge of their accumulative effects, but should thoroughly understand all their initial causative influences.

As most of the diseases of females have their origin in general anæmia, and in local hyperæmia, I will report first a few cases in that

form, and in a dialogue, for the reasons to which I have referred.

Mrs. L. M., a very intelligent and cultivated lady, commenced this conversation by saying:

"Doctor, I have sent for you to talk with you about the condition of my daughter Mary. She has always been rather delicate, but we did not think her health sufficiently endangered to require special medical treatment, until about eighteen months ago. Since then she has been treated by several physicians; was attended by them consecutively before we came to this city; she has had no medicine, though, for five or six months, and I believe she is declining every day. We feel that something must be done to benefit her soon, or it will be too late, and we desire you to examine her condition carefully, Doctor, and tell me candidly if you can cure her."

Doctor—"Well, madam, I will give your daughter's case a careful investigation, but whether I can cure her or not, I do not know. You remember Moses lost the promised land by saying, 'I'—thus taking credit to himself that should be given to God.

"I have made it a rule, ever since I have been practicing medicine, never to say I could cure any one. I do, however, often refer to cases where patients have been restored to health, under my treatment, by learning the true cause of the disease, and using my best judgment in the adoption of remedies for its eradication. I am never satisfied with giving my patients only temporary relief. Dr. Rush said disease was a lawless enemy, and should be watched day and night. I think he is correct, especially in regard to female diseases. Physicians, therefore, should never experiment upon effects or symptoms, and allow causes to remain. To consider the symptoms of a disease alone is often a fatal error. These can never exist without a cause, and this cause I now propose to investigate in the case of your daughter, and, if possible, remove it at the earliest reasonable time. Suppose you bring Miss Mary in, and let us both talk with her frankly and cheerfully."

Mrs. M.—"Very well, Doctor; I will be glad to have you see her."

The young girl being called in and introduced, is received with the kindness and courtesy of a welcome and trusted friend.

Doctor—"And, now, Miss Mary, take a seat here near your mother and myself, so we can talk pleasantly to each other. Your mother and I have been speaking of you a good deal this morning."

Patient—"Yes, sir, I suppose so. Mamma has been very anxious about my health for some time, and not altogether without cause; yet I hope and believe I am not so ill as she seems to think I am."

Doctor—"That is true; and while your mother has great reason to feel anxious about your present condition and future health, I am glad to say that your general appearance to-day does not impress me with the opinion that your case is so very serious at present."

Mother—"Do I understand you to say, Doctor, that though Mary's condition is not so serious just now, it may become so in a short time, if not attended to properly?"

Doctor—"Yes, madam, that was my meaning. How old are you, Miss Mary?"

Patient—"I will be fifteen the 10th of next month."

Doctor—"Are you going to school at present?"

Patient—"Yes, sir; I have not missed more than a month from school in several years, only during vacation."

Doctor—"Then you are fond of your studies?"

Mother—"Yes, Doctor; until her health began to decline it was impossible to keep her from school, rain or sunshine. She was very ambitious, and generally stood first in her class. But for sometime she has been depressed in spirits at frequent intervals—seemed to become discouraged, and has fallen behind in her class."

Doctor—"How much do you walk every day, Miss Mary?"

Patient—"Not much—I have so little time. I walk to school in the morning and back in the afternoon. I then eat my dinner, study my French, or some other lessons, and then practice my music until about sunset."

Doctor—"I think I will soon discover the cause of all Miss Mary's ill-health, and the reason for these strange and unpleasant symptoms."

Mother—"I hope you will, Doctor; and I think I begin to see myself where the difficulty lies. I am satisfied that my daughter's physical and mental capacity have both been overtaxed."

Doctor—"Yes, madam, that is very evident, and either will prevent a full and healthy development of body and mind. Many of our loveliest young girls, with brilliant prospects, die prematurely or live out miserable lives for the want of proper care and attention while passing from girlhood to the threshold of woman's maturity. From twelve to sixteen years is the most critical period in the life of every girl, and if she is not properly prepared for the very important transition, serious damage to both body and mind will be the result.

"It requires blood, muscle and nerve-force to effect perfectly the natural changes of that period, and these can only be secured by proper hygienic measures, such as nourishing food, enough bodily exercise of a suitable nature, plenty of refreshing sleep at night, and sufficient mental rest."

Mother—"If you are correct, Doctor, and I believe you are, it is not surprising that so many bright, happy girls die early, or live to become sickly women, and not perfectly developed in mind or body."

Doctor—"If I had the time, my dear madam, I could give you the history of a large number of cases that have come under my observa-

tion in the last thirty years, varied, of course, more or less, in symptoms and effects; but the distressing ill-health of all the patients, and the premature death of many, were caused by impoverishment of the blood, and consequent nervous exhaustion, both resulting from unnatural taxation of the physical and mental forces. The same unhappy results are also often brought about by unhealthy excitation of the emotional nature, which is produced by young girls being admitted too early into social circles, and allowed too much reading of sensational novels, love-sick stories, etc."

Mother—"If we mothers are too ignorant and thoughtless, Doctor, as I believe we are, to prevent these errors in the education and management of our daughters, do you not think that every family physician should so thoroughly understand his profession, and individually perform his duty, as to teach us how we can rear our children so as to avoid all these sad results, and instead to become perfectly developed in body, mind and spirit, as I believe the Creator intended they should be?"

Doctor—"I certainly do. But, my dear madam, in the first place, very few families, compared with former times, acknowledge that they have a family physician. They are too independent, and too much affected with the disease of the age for change and novelty. But in their frequent changes of a physician, if they do employ one who was instructed in the old school, where both head and heart were educated for the profession, and he feels it his duty to give such advice as will prevent illness, and most likely secure health, as well as prescribe the best remedies for the cure of disease, he is often laughed at, and set down as an old-fogy, unacquainted with the laws of modern society, and wanting in due deference to the opinions inculcated among so many of its members, and born of false pride and ignorance of some most vital questions. This state of things forces many of our skillful physicians to observe these laws of our social circles so detrimental to health, and to cultivate a desire to please where it is their first duty to instruct."

Mother—"I think you are again right, Doctor, and such a state of things in both society and schools is disgusting to sensible and intelligent persons. Our children had better have no education if it is to be gained at the loss of health, usefulness and happiness."

Doctor—"But these evils are not necessary accompaniments to the acquisition of even an accomplished education in its highest and truest meaning. The best and most thorough instruction can be acquired in perfect harmony with the laws of health, and fullest development of mind and body.

"When you ladies of fashion determine to conduct society upon Bib-

lical principles and natural laws, you will find that its assemblies will be instructive and truly pleasurable, as well as conducive to the health and happiness of your daughters.

"I would make some explanatory remarks here in reference to this subject, but my engagements this morning will not permit me to do so. Let us return to Miss Mary's case."

Mother—"Very well, but I see she has left the room. Shall I call her again?"

Doctor—"No, madam, it is not necessary; I only wish to ask you a few more questions.

"How is your daughter's appetite?"

Mother—"Not good. It has not been for eight or ten months—ever since she ceased to menstruate. I have not been able to get anything she seems to relish, and of sufficient nourishment. Sometimes she has a great craving for things that we know are injurious to her health—such as pickles, preserves, vinegar, and similar things."

Doctor—"It is a self-evident fact, that if it requires blood and muscle to effect the transition from girlhood to womanhood, this important change cannot be successfully accomplished on preserves, pickles and candies, especially if the girl attempts to master mathematics, natural science, ancient and modern languages, music and other fashionable accomplishments."

Mother—"I have already occupied too much of your time, Doctor; but do tell me what is Mary's disease, and if you believe she can be cured?"

Doctor—"I do not think your daughter has any local organic disease, but her ill health is a general disorder of the physical functions, known by physicians as Anæmia, which means that the supply of nutrition is not sufficient to meet the wants and demands of the system, and bring about local development and the natural action of local functions. Thus you perceive that this general disorder is sometimes caused by the want of food suitable in quantity and quality, and sometimes by exhaustion of the nervous forces—the power that propels the blood in its natural channels throughout the entire system, conveying and distributing the nutrition necessary to maintain the vigor of each organ. Therefore, to be successful in removing the causes of this class, or expression of disease, the treatment must be made to give tone and strength to the digestive and assimilating organs."

"To do this a combination of such remedies must be used as is best calculated by its therapeutic effects, in connection with proper diet and exercise, to restore the general system to perfect order.

"As the first step towards the treatment, I will now give you this prescription:

"℞ Elixir of calizya.....ℨ ij
Pepsin..... ℨ ij
Tinct. nux vomica..... ℨ i
Sub nit. bismuth..... ℨ i
Phosphate of iron..... gr. xvi

"M. Sig. Give one teaspoonful just before each meal in a wine glass of water. Also one or two tablespoonsful of saturated solution of chlorate of potash between meals.

"The solution is made by adding two ounces of potash to one pint of water."

Mother—"Is the medicine unpleasant to take?"

Doctor—"Not very. I do not think Miss Mary will complain of its taste, but I fear she will very much object to the rest of my prescription, and before I give it you must promise me to see that it is strictly carried out."

Mother—"I promise you I will, Doctor, for I am satisfied Mary cannot live long in her present state of health, and I am fully determined to have strict obedience to your prescription and instrutions."

Doctor—"I thank you, madam, and now give me your attention, if you please. First, your daughter must be taken from school and must also give up her music lessons until her health is restored; she must not be allowed to touch the piano. There is no exercise, either mental or physical, performed by young girls, that sooner or more certainly exhausts their nerve power than playing the piano too frequently and at too early an age. How often we see these little girls, even in their teens, with flat chest and undeveloped physical capacity, and hear them say: 'Oh! how my wrist and back ache! They feel like they will break to pieces.' It is torture, cruelty to confine a child or young girl at any task that causes mental or physical pain, and of course it is injurious to their health. It will ultimately destroy the bright and constant buoyancy of spirits, and the vigor and elasticity of body that should characterize children and young womanhood, and which is really their natural condition if they were born of healthy parents and have been properly bred from their early infancy."

Mother—"I never looked at it all in that light before, Doctor, and I begin to see more clearly how ignorant we parents are in regard to the proper rearing of our children, especially our daughters."

Doctor—"That is true, madam, but let us hope that parents will begin to educate themselves fully upon this subject.

"To return to my prescription. Your daughter must take more out door exercise; walk and ride more in the open air, not only for the muscular exercise, but that the whole system may receive a better and greater supply of oxygen. This will make more food necessary, and

consequently richer blood will be made, and improved health will follow. Physical exercise can be of but little or no advantage if the mind be exhausted by study. It is an important truth that exercise *per se* does not increase muscular force but really exhausts its powers. Physical exercise is only beneficial to that extent which increases the appetite and aids digestion, so that the system will daily receive a large per cent. of strength, and the exhaustive process requisite to bring about this increase of appetite and activity of the digestive organs should be closely observed. That your daughter may be benefitted by outdoor exercise upon scientific principles, I would be glad if she could spend a few months in the country."

Mother—"Mary will like that, I am sure. She has an uncle living at a beautiful country home, and he has several daughters who are anxious for Mary to spend a month with them."

Doctor—"That is well, madam; let your daughter make the visit, if possible; and be careful to see that my advice, as to medicine, diet, exercise, etc., is strictly followed."

Mother—"You can rest assured, Doctor, that I will carry out your directions in every particular. If you are not in great haste, I would like to talk with you a little longer. I got the idea from some of your r remarks that many of the diseases or disorders of girls about the age of puberty, are caused by both body and mind being over-taxed before and during this critical period, and also by improper food and drinks, frequently in the way of unsuitable and hurtful condiments. Mary is not only very fond of pickles, sauces and vinegar, but uses more salt and pepper with her food than any child I ever saw. Do you think that is a natural taste, and is it hurtful or beneficial?"

Doctor—"Salt is a natural stimilant to the digestive organs, and a desire for a moderate quantity is not only a normal appetite, but is beneficial, and indeed indispensible. A small portion will promote digestion—an immoderate quantity will destroy it. I have seen reported a few distressing cases of indigestion that was supposed to result from the parties never using salt with their food, and on the other hand, I have known dreadful diseases produced by the use of salted meats. But it is proper to say in this connection, that perhaps it was not the salt itself in a healthful proportion that caused the disease, but the chemical change that had taken place in it, and produced by the combination of the salt and meat together.

"Why or how these chemical changes that make the meat unwholesome, frequently and positively poisons, is not known, but they are supposed to be caused sometimes by the meat being so often packed and unpacked, shipped and reshipped, and perhaps, also, to some extent, by the poisonous air of the storage rooms in which the meat

remained so long, absorbing the impurities of an atmosphere that decaying vegetables and other matter made foul and noxious. In the country, the food is plain, sound, and in a natural state, consequently is more nutritious. The hams, and in fact, all meats, breads, vegetables, fruits, butter and milk are fresh and sweet—free from chemical changes—therefore, you seldom see meningitis, and cases like Miss Mary's among the country people."

Mother—"Doctor, you certainly don't mean to say that meningitis is caused by eating bad food?"

Doctor—"I do, madam. A large majority of the cases that have come under my observation I could trace to bad meal, spoiled meats, stale vegetables and poultry. In my native State, Virginia, the bread corn was selected and both ends were *nubbed*, a word I do not think is found in Webster's dictionary, but which means to shell off the unsound grains of corn on both ends of the cob for the pigs to eat, while the pure and fully matured grains were reserved for meal.

"No one was ever known to be sick from eating bread made of such meal as that. But in this fast age of progress the large ears of corn and the nubbins, the sound and the unsound, are all thrown in and shelled together, and ground into meal for the public. One-eighth of such meal is a slow but sure poison, often causing meningitis and other nervous diseases, that people have in *these days*.

"But what do the dealers care? People must have bread, and the dealers get their money all the same, poison or no poison."

Mother—"This is dreadful Doctor, but why do the proper authorities permit the sale of such articles of food?"

Doctor—"For the simple reason, madam, that for the last sixteen years, especially, our men have eaten so much tainted food they have neither the courage left to redress so great a wrong.

"They fear it will offend some of their *dear* constituents, who, perhaps, by virtue of their unlawful business, control forty or more floating votes.

"There will never be the proper legislation upon this question until the people inform themselves upon it intelligently in all its aspects, and then put men in authority who have proper views of the physical and moral welfare of the people, as well as their civil control and interest. No man can have these views and the principles to make laws for the health of the people, who wranggles for an office and desires to fill it only for its distinction and temporary emoluments. This, of course, madam, I say playfully, but still I think you find in it more truth than poetry.

"As is the custom in France, in every town and city in this country there should be a board of food inspectors, governed by stringent laws

in regard to the food put upon the market for sale. Massachusetts has already set us the example in this important branch of legislation, and deserves honor from all the country for taking the initiatory movement. No human organs of digestion can make good nutrition out of unsound food. Do you know, madam, that it requires good food to make a good character as well as to give physical and mental power? This being the case, any intelligent person must see how very important it is that the food material sold to the public should be pure and wholesome. But I must leave you now, and these questions, until my next visit. I will call again in eight or ten days. Good morning, madam—I doubt not I shall find your daughter better and yourself in good spirits when we meet again."

(TO BE CONTINUED.)

RANDOM NOTES ON SIMPLICITY OF FRACTURE-APPARATUS.

BY WILLIAM H. MORSE, M.D.

One of the most patent axioms of surgery is that fracture-apparatus shall be such as will the best assist nature in procuring reunion of osseous integrity and in preventing deformity. The idea has obtained that it makes little or no difference what apparatus is used if it is of a character that will serve the ends for which it is employed. Out of this idea others corollary to it have been framed, until the opinion prevails that everything, from the bandages to the bed, must have some certain elaboration. As a consequence, the market is full of patented apparatus, beautiful in theory and often excellent in principle; and every surgeon has some favorite splint or plaster, or exerts himself to invent one.

It was my privilege in my student days to read the works of Gross, Hamilton, Erichsen, Bryant and others, each discussing different apparatus, all elaborate and some complicated. At the same time I had the pleasure of receiving the teachings of Dr. John Swinburne, of Albany, who, as all know, is an apostle of simplicity in fracture-apparatus. In the text-books I read of many vexed modes of treatment, and from Prof. Swinbuurne's lips I heard the advocacy of simplicity. Out of college and in practice I found that it was impossible to serve two masters. Bewilderment came with my first fracture-case, and I found it difficult to make a choice from among many splints and many modes of treatment. Like all other physicians, I had to learn that the instructions of text-books are good in theory, but all too apt to be poor in practice.

I chose to adopt simple treatment of fractures as easier to carry out and as serving the best purpose, and not because I dissented from the ideas of the text-books, or because of any disparagement of the intentions of authorities on the subject. Nature is in love with simplicity. The theoretical horticulturist may graft a tree, and confine the scion

with patented appliances, and still not have the success that attends the labor of the farmer's boy, who, with string and grafting-wax, ties in and fastens the scion. The gardener, with patented and well-tried fertilizers, cannot always insure success in transplanting his plants. Nature prefers to name her own abettors. Yet no rational physician will condemn all fracture-apparatus. There are both good and bad to select from, but all of them are to be "well shaken before taken!"

What is simplicity in fracture-apparatus? The interpretation may signify one thing to one mind and something totally dissimilar to another. Extemporaneous appliances come the nearest to rigid simplicity. Splints that will the best keep the ends of the bone in connection, with simple arrangement of the bed and the principles of extension, are the essentials asked.

We know by the acquaintance of the text-books that there are the appliances of Hamilton, of Buck, and of others, and the physician trembles with awe of them, as does the boy who begins the study of Latin. To understand elaboration requires experience; to understand simplicity, unprejudiced discrimination is the only requisite. If simple methods of treatment will do that which is claimed for elaborate methods, and do it better, the physician can but exercise partial choice.

Notes of some cases, the treatment of which illustrates the employment of the principles of simplicity, will better give the meaning that I wish to show than mere detail can do.

CASE I.—*Fracture of the Femur.* Ann A. M., servant girl; age 27; in good health. Fell through a trap-doorway a distance of seven feet. Left femur fractured at the superior fourth; displacement considerable.

Treatment. Had a good mattress bed prepared; took a sheet for a perineal belt, folding it to a diameter of two inches; provided adhesive strips two inches broad; applied these spirally along both outside and inside of the leg, not over one another, but side by side, so as to obtain equal tension. At the foot a strip was doubled so as to provide a loop under the sole of the foot. These strips were fastened down by a roller, but on the occasion of the second dressing short adhesive strips were used in its place. The belt was secured to the head of the bedstead, and counter-extension was obtained by means of a cord passed through the loop of plasters beneath the sole of the foot and fastened to the foot of the bedstead. No splints were used, and the muscles and fascia took their place kindly. A bag of sand was placed at the foot to keep it from everting. The first extension was slight, but after ten days it was extended by degrees to its normal length. Union occurred nicely, and extension was continued for forty-one days. There was no appreciable shortening.

This is the "Swinburne method." There were no bandages or splints to embarrass the circulation, and besides affording perfect cleanliness, it was so that I could measure the limb daily. Dr. Swinburne has employed this method in cases much more complicated, where its advantages are much more conspicuous.

The foot of the bed is not raised, and no weights for greater degree of counter-extension are used. Yet in intra-capsular fracture these means are employed, and the resultant shortening should not be more than three-fourths of an inch.

CASE II.—*Fracture of both Tibia and Fibula.* A boy aged nine fell on the ice and fractured both bones of the leg.

Treatment. Provided a long and delicate splint (thirty inches long, two wide). To this attached a foot-piece, and in the upper end of the splint bored several holes. By the way, the splint was part of a clap-board ripped off the side of the house, and the foot-piece came off of the same board! The splint and foot-piece were secured to the outside of the limb by adhesive strips. Other strips were looped about the limb just below the knee, the loop touching the lower border of the patella on the anterior side. A cord was then passed through the loop, and carried thence through one of the holes in the splint above the knee-joint. Thus suitable extension was provided for. At intervals of five inches adhesive strips were placed around the leg to keep it in place on the splint. There was no great inflammation, else I should not have applied the roller strips until it had subsided. There was no self-displacement.

CASE III.—*Fracture of the Humerus.* N. B., aged 48: farmer. Fractured the right arm three inches above the elbow. I did not see him till several hours after the accident. Employed a long splint that extended three inches below the elbow and three inches above the shoulder, with holes in both ends. An axillary belt was used, and fastened through one of the holes at the upper end of the splint. Adhesive strips were passed spirally about the limb, and a loop formed at the elbow. Through this loop a cord was passed, and thence connected with one of the holes in the lower end of the splint. Extension and counter-extension were in this way procured. Circlets of adhesive strips two or three inches apart were used to confine the arm to the splint. The arm was flexed and a sling used.

CASE IV.—*Fracture of the Humerus.* A case similar to the above in many respects. Treated in the same way, except that a crutch-splint was put on the inside of the arm, its upper end padded by the axillary belt, and that tied over the shoulder. Extensive bruises on the arm necessitated this change of principles.

CASE V.—*Colle's Fracture.* A. B., shoemaker, in a drunken brawl fractured the left arm. A thin board, three inches wide, was used as a splint. This was placed on the posterior aspect of the forearm and provided with two compresses—one at the carpus and the other at the elbow. Adhesive strips were used to secure the splint in place, the application beginning at the elbow before the fracture was reduced. As soon as purchase was obtained there, the displaced parts were properly adjusted and adhesive strips applied at intervals from the elbow to the hand. Patient went on a prolonged spree a week after the accident, and exposure to a storm set up an excess of inflammation that delayed recovery. Usually in such cases I institute passive motion at the end of twenty days, repeating it daily for four weeks, when the splint is removed. I find it advisable in some instances to envelope the arm with bands of adhesive plaster after removing the splint. In this event the muscles act as splints, and take the place of the splint with the assistance of the adhesive strips.

CASE VI.—*Fracture of the Tibia just above the Ankle.* Thomas D., aged 30; mill operaive. Saw patient with Dr. L. a few minutes after the accident that resulted in the fracture. The bone was partially

driven through the skin, and the fracture presented a complicated appearance.

Treatment as in Case II, except that it was necessary to elevate the limb by means of a cushion placed under the heel. The bed itself was better than all the patented splints in existence, as it kept the bone in place effectually. The limb was badly torn, and we found it advisable to cut the plasters several times the next day because of the pain and swelling. But new strips were supplied and the cord occasionally tightened until, on its perfect line of extension, the union of the osseous structure was complete.

CASE VII.—*Fracture of the Humerus at the Elbow.* This was a remarkable case. The patient, J. T., aged 18, was run over by a heavy wagon, the wheel crushing the elbow of the left arm. Examination showed that there was a fracture of both the forearm and humerus. The splint used was made "on the spur of the moment." Two strips of board, (shingles), one-fourth inch thick, and long enough when hinged by adhesive plasters to extend from the shoulder to two inches below the tips of the fingers, were used. It was fastened, while the arm was extended, by circlets of plasters, taking care to confine elbow closely. Forced flexion gave the required extension. I have never met with another case exactly like this. My practice is to have the hinge an inch above the elbow in a fracture of the forearm, and an inch below if the humerus is fractured. The plaster strips should be drawn as tight as possible and the forced flexion maintained.

Without any essential modification the principle of treatment in all these cases is that of Dr. Swinburne, whose description would be much more elaborate and lucid than is mine. In all that the phrase means this is simplicity in fracture-apparatus exemplified. With its employment I am glad to say my success is invariably excellent, all conditions being in ratio. The same cannot be said in my experience with any patented appliance. Bandages I rarely employ, as I do not consider that their use is always of advantage. They obstruct circulation, tend to create extra warmth, and prevent thorough examination. I always limit their use, and at the same time employ all of the adhesive plaster that is in any sense necessary. A clapboard, a shingle or a lath furnishes all the splints required; and any physician can find a suitable piece of board for his purpose.

Undeniably there are good manufactured splints, but the country practitioner, who needs all of his scanty earnings for bread and clothing, cannot afford them. Nor can he afford to be so retrograde as to carry an armful of shingles, as did the fathers. A roll of adhesive plaster, a knife and a good stock of wits is all that a physician needs to carry when summoned to attend a fracture case.

I would that the "Swinburne method" was better known. I would that simplicity was in the place of elaboration. The best measure of success has attended the use of these means, and the profession waits for the man who will in terse and vigorous language defend a course of treatment that he can ably describe, and which receives a blessing of benignant Nature.—*Louisville Med. News.*

IMPOTENCE.

BY SAMUEL W. GROSS, M.D.

GENTLEMEN: We will consider this morning a subject that is very badly understood and treated. Impotence, or inability to perform the sexual act, may be relative or absolute; its treatment has been entirely empirical, and the sufferer discouraged by the pooh-poohs of one physician, goes to another, and so on indefinitely, until he falls into the hands of one who appreciates his condition, treats him properly, and cures him. In the Medical and Surgical Reporter of May 5, 1877, there is reported a paper I read before the County Medical Society, bearing the title "On Sexual Debility and Impotence, etc." In this article I divided such affections into four groups, based upon personal observation of eighteen cases, fifteen resulting from masturbation, and three from gonorrhœa. Since that time I have had seventy-nine more; the whole statistics show thirty to be the result of clap, sixty-six of masturbation, and one of excessive coitus. I asserted in my paper, that in sexual exhaustion certain lesions were always discoverable in the urethra; and with the additional experience of the last three years I fully corroborate the statements I published May 5, 1877.

What are the lesions present in impotence? We expect to find hyperæsthesia in all cases in the curve of the urethra, that portion which embraces the prostatic, membranous, and one inch anterior to the triangular ligament. Not infrequently a stricture is present. The groups of cases are arranged as follows: The first are those in which the erections are imperfect and the ejaculations are premature, but the sexual desire remains. Of eighty-seven cases which came under my care, sixty were the result of masturbation, and twenty-seven the consequence of gonorrhœa. This constitutes the most frequent group or class, ninety per cent. of all my cases having been of this kind. We have had several illustrations of premature ejaculation with imperfect erection, but with unabated desire, before you during the course.

At our last meeting, you will remember, I showed you a man who, for the last eighteen months, had been impotent, and though denying masturbation, presented such physical evidence as justified us in concluding that he was an onanist. This group is not only the most common, but also the most easily managed. In the article referred to, I say that the "condition known as spasmodic spermatorrhœa, or spermaspasmos, in which emissions occur simultaneously with erection, or after its partial subsidence," may be classed with the first group, because it is also due to increased excitability of the spinal cord. Here is a case: A clerk, aged thirty, brought me, on the 12th of March, a specimen of his urine to examine. He never had gonorrhœa, but masturbated from his 16th to his 21st year. For the past three years he has been impressed with the idea that his nervous habit had weakened him, and it was constantly on his mind. His genital organs were well developed; there was a constant sticky feeling at the meatus, and whenever he passed an evening with the lady upon whom he had fixed his affections, he had an erection with simultaneous ejaculation. There was hyperæsthesia of the prostatic urethra with a stricture, calibre 17,

6½ inches from the meatus. Thus two classes of cases seem to be due to increased reflex sensibility of the spinal cord.

The second group is where the desire is not abolished, but there is no erection, and coitus is impossible. Four such cases have come under my observation, two from clap and two from masturbation. In this variety of the affection the patient fails to get an erection, and intromission is therefore impossible. This condition is beautifully illustrated by case three in the article already referred to.

The third class of cases have neither ability nor desire, but there is superadded mental impotence, hypochondriasis, which is often beyond remedy. I have met with but two cases, and they resulted from masturbation. One case is briefly as follows: A student of medicine, aged 24, had masturbated from his 16th to his 22d year, and from that time had nocturnal seminal losses on an average twice a week. I saw him in May, 1875, when he told me that he had lost all desire, and had been unable to command an erection for three months. His mind was constantly dwelling on his trouble; he was the victim of sexual hypochondriasis; had a slight urethral discharge, which I demonstrated to him not to be spermatic fluid. I discovered a stricture, calibre 17 at 5¾, and found marked hyperæsthesia. The patient went with me to the sea-shore, and after three weeks of treatment his mental anxiety was calmed, and he had good erections. Upon his own responsibility he desired to test his sexual abilities, but with the erection had an almost instantaneous emission. This imprudent act voided all the good that had been accomplished, and he became a confirmed hypochondriac.

The first class of cases are those of diminished spinal reflex action characterized by tardy emissions, sometimes none at all. This condition has been called aspermatism. The following cases exemplify this state of affairs: A shoemaker, 20 years old, has masturbated, on an average, once every night from his fifteenth year up to three weeks ago, when he became alarmed at reading a book on self-abuse, which had fallen into his hands, since which time he has abandoned the habit. For the past eighteen months he has noticed in masturbating that it required at least five minutes to produce an emission, and six months ago, on having sexual intercourse, ejaculation did not recur for quite half an hour. He had a stricture 5½ back, calibre 19, with hyperæsthesia of the canal. I have notes of other cases of this class, but I will say that two out of every three cases of this kind are due to masturbation. I had intended to show you a colored man, a teacher, aged 22 years, who had no ejaculations during sexual congress: he would frequently continue the act of copulation for half an hour and longer without an emission occurring; but, hearing that I would expose him before the class, he disappeared. In the case of a gentleman from New York, no matter how long he remained or persisted in the venereal act, he could not have an emission. These cases show diminished reflex spinal excitability, and should receive your earnest attention.

No book tells you how to treat these cases, and I take not a little credit to myself in having first distinctly and clearly pointed them out. I have repeatedly stated to you that stricture is a not infrequent consequence of masturbation, and I framed my assertion upon personal observation, which taught me that these strictures were of large calibre,

and in 77 per cent. single, 15 per cent. were in the first inch of the urethra. In order to exiend my experience, I visited the Almshouse and Dr. Kirkbride's. From the experience and information these investigations gave me, I read a paper in Chicago, in which I cited cases as follows: All the subjects were too young when admitted to the children's asylum to have acquired gonorrhœa, and were removed from any possible contact with females; they were found, those who were idiotic, insane or epileptic, in the insane department under constant surveillance, yet, in spite of all, they were prodigious masturbators. Exploration of their urethræ showed strictures and marked hypræsthesia. The use in knowing that stricture can and does follow onanism has a practical bearing, for you will not be led to believe that because a patient tells you he never had gonorrhœa that he has no stricture. How can you cure these cases? Remove the causes, overcome the hyperæsthesia, cure the stricture, and correct the constitutional abnormalities. For three purposes we employ bromide of potassium: to overcome the acridity of the urine, obtund the sensibility of the mucous membrane of the urethra, and keep the sexual desire, for the time being, in abeyance. The bromide of camphor is also a valuable drug. Let the patient avoid women, and tell him not to excite his sensual apppetite; let him abstain from malt liquors; but if he must drink, a small quantity of whisky or port is less injurious. He is to sleep on a hard mattress, and relieve his bladder as soon as cognizant of its distension. Horseback exercise and riding in carriages or cars must be avoided. The introduction of bougies is the best local treatment. Every fourth day the bougie should be inserted, and at the end of four introductions a size larger may be employed, and it should remain a little longer in the canal. If a stricture exists, remove it by an incision. Sometimes functional heart troubles complicate your case; here digitalis, in an infusion, which I believe is the most reliable way to give it, or digitalin, 1-60th gr., may be ordered as often as the case demands. When the subject is plethoric, give him the antimonial and saline mixture; but when he is anæmic build him up. Never use aphrodisiacs. Cantharides, damiana, belladonna, have an action similar to alcohol; the secondary depressant action of these agents exerts a most pernicious effect upon your case. Guard your patient against experimenting; and, if he is about to marry, let him be careful not to exceed a very moderate number of sexual performances. Having now finished the motor, sensory, and secretory neuroses resulting from urethral disease, we will proceed to the study of the venereal affections.—*Medical Bulletin.*

BREAK-BONE FEVER.

A mild epidemic of this disease has prevailed in Charleston, S. C., during the past summer, and Dr. F. Peyre Porcher furnishes a report of it to the National Board of Health Bulletin. Although extensive paving had been done in the city, the fact that the disease occurred in sections of the country where such a supposable cause was out of the question leads Dr. Porcher to refer the cause to "general and wide prevailing atmospheric influences."

The symptoms vary exceedingly—some being present and some absent—as follows: The disease generally begins with a feeling of coldness, or by a chill, followed by a fever—this, with a temperature ranging from 100 to 105°, lasts generally from twenty-four to forty-eight hours, occasionally extending to four or six days, and even in rare cases to seven. Relapses occasionally, specially in those who have gone out too early. Headache frequent, generally frontal, from the beginning. Miliary eruptions, sometimes elevated and red, like measles, and the occasional presence of sudamina over the face, neck and body; sometimes the eruptions were confined to the body, and endured for days after recovery. In some cases there was slight desquamation—furfuratious or branny in character. Sweating profuse in many persons, though *often absent.* Hence some physicians are inclined to consider the disease to be *suetle miliare* of a mild form. "Break-bone" is the best name, because pain in the bones and limbs is the most constant symptom. There is often great restlessness during the fever, and in some a feeling of tightness or congestion about the throat, with bleeding in a few cases known to us. Catarrhal symptoms are rarely present, although cough has occasionally existed. Bleeding from the nose not unusual in children, and also increase in the menstrual molimen has been observed. Pain in the back and limbs markedly present, but no decided swelling of joints, no carbuncular enlargements or boils, as in the epidemic of dengue, of forty years since, or in that of "break-bone" which followed some years subsequently. Weakness and prostration have been very decided, but not nearly to such an extent as in previous epidemics. Some of the physicians consider that there has been a tendency to hepatic torpor or congestion, of no great severity, however. There have been no cases of decided jaundice. Nausea and vomiting seldom occur.

The disease does not affect all the members of the household, oftentimes only one or two being seized, though six have been taken in one house; in this respect differing from the dengue, as described by Prof. Dickson, and from the epidemic of thirty years since. Then 10,000 were down; no one was well enough or strong enough to help his neighbor, and one had to learn to walk over again.

It is difficult to calculate the number who have suffered, as very many have not employed a physician; from 2,000 to 3,000, perhaps, approximate the number.

Very little active treatment has been used, the following being that usually adopted: A mild laxative, saline or mercurial, hot teas, nitre, pediluvia, sinapisms, etc., and quinine during and after the attack, upon theoretical grounds, with occasionally mild stimulants. Several persons have recovered with no treatment whatever.

It has prevailed among both races, perhaps equally, and not a single death is ascribed to this disease as far as reported. The only disadvanage which accrues to those who take it is the time lost and the tempotary pain and weakness from which they suffer.

A FRENCH physician recommends the treatment of burns with oil of turpentine, covering the place with gummed goldbeater's skin.—*Boston Journal of Chemistry.*

GASTROTOMY OR GASTROSTOMY

BY L. L. STATON, M D., OF N. C.

I wish to place on record the particulars of a case which recently came under my care, considering it (as I do) to be the duty of every physician and surgeon to contribute his mite, however small and in-

glorious, to the relief of suffering humanity, and to advance the interest of the noble profession to which I have the honor to belong. The

case to which I allude is unique in many respects, and of quite rare occurrence, and I find only a few cases mentioned in the standard authorities, and the medical periodicals of an extensive library to which I have had access through the courtesy of a medical friend, and notably among these few cases, is that of Dr. F. F. Maury, of Philadelphia, *American Journal Medical Science*, April, 1875, page 365, the first case of gastrotomy performed in this country for stricture of the œsophagus, the patient surviving the operation fourteen hours. I am quite aware that the cases have been few in which the operation ever proved a permanent benefit. The operation has been justified, but has never met with that success which we should have expected; and I fear that it has been too often the case that patients suffering from stricture of the œsophagus have been allowed gradually but surely to starve to death. The dangers of septicæmia are now to a great extent obviated by Lyster's antiseptic method, in consequence of which one is now very much encouraged to undertake operations of the gravest character. The question as to the value and benefits derived from the operation will be partially answered by the following case:

The patient, Lewis Lyon, colored, a boy eight years of age, was brought to me by his father on the first day of June, 1880, at which time the patient was almost dying of hunger on account of a cicatrized stricture of the œsophagus, the result of drinking, by mistake, a large quantity of a solution of commercial concentrated lye (solution caustic soda), in August, 1879, which had so completely and gradually closed the œsophagus, that he could not then, June 1st, swallow anything, nor was I able to get the smallest bougie through the stricture. He was very much emaciated and so weak that he could not raise himself when down; but could stand if placed upon his feet. After exhausting all the means at my command for dilating the stricture or obstruction, which was found to commence about three inches from the gullet, (the extent of which it was impossible to ascertain), and failing to pass even the smallest bougie, I was fully convinced that gastrotomy was the proper course to pursue. The condition of the boy was such, that I gave to the father a very unfavorable prognosis, but advised an operation as the only means of relief, and that a barely possible one. The patient was in the habit of chewing every particle of food he could obtain, but without any attempt at swallowing, spitting it out as soon as well masticated. He had been kept alive for the last few months by enemata, and by rubbing the skin with cod liver oil. Here we have a case of aphagia rendering death imminent by inanition, and I determined to give my patient his only chance.

On the 17th of June, 1880, with the assistance of two of my medical friends, both concurring fully with me in the justification of the operation, after having administered chloroform, I proceeded to divide the skin for two and a half inches in a diagonal direction, from right to left, under the cartilaginous portion of the eighth left rib, and as near to the sternum as possible, but a finger's breadth from the median line. The walls of the abdomen being very thin, were divided in the same line without hæmorrhage. I did not follow Amusat's plan, or the operation advised by Sedillot in gastrotomy; but proceeded as here described (with the approval of the gentlemen present) as being the most feasible under the circumstances. I then carefully introduced two

fingers to examine for the stomach, and coming in contact with a hard and seemingly solid mass, that felt more like a fibrous tumor than a stomach, I drew it through the opening in the abdominal walls, and found it to be the organ in question. It was firmly contracted, about two and a half inches in length, and about one and a half inches wide. With the view of making a permanent fistula, I made an incision about three-fourths of an inch long, parallel with the long diameter of the viscus, near the smaller curvature as advised by Prof. Verneuil, of Paris. The organ now being external to the person of the patient, I easily introduced into it one end of the tube (inner flange), and returned it within the abdominal cavity, securing the outer flange by means of a silver wire, until I could close the incision and make firm the surroundings by means of silver wire sutures. The hard rubber tube used, which I had made to order by Messrs. Reynolds & Co., of New York, presents much the appearance in shape and length of the small wooden spool upon which sewing cotton is wound, each end (flange) being larger than its central diameter, which is three-eighths of an inch, smooth and highly polished. The object of the inner flange being to insure its retention within the gastric opening; and of the outer flange to prevent its being drawn within by the violent contractions of the viscus. From the tube, leads a soft rubber pipe about one half of an inch in diameter with a hard rubber mouth-piece attached, making an artificial œsophagus. The steam atomizer, with carbolized water, was in constant requisition, disinfecting the instruments, my hands, and the sponges used in the operation, which lasted an hour. One-sixth of a grain of morphia in solution was introduced by a small syringe, into the tube, the opening of which was then tightly closed by means of a common cork. A sponge was then wetted with the disinfectant, and placed over the wound. Patient recovered well from anæsthesia, and slept for two hours and a half, without complaining of pain. I then gave an enema of milk, raw egg and lime water, about ℥ij., and then left him to the care of his nurse.

June 18th.—He rested quietly through the night, and on awakening called for something to eat, whereupon he commenced his usual chewing. I continued the enemata every few hours, and oiled the skin twice a day with cod liver oil, and at night gave an opiate enema.

June 19th.—Did not complain of any pain or tenderness. I then removed the cork to place some milk within the stomach through the tube; but did not succeed, as the organ seemed to be contracted over the inner mouth of the tube, as firmly as possible, and offered such a great resistance, that I began to doubt whether the inner orifice was in the stomach or not. However I obtained a large syringe, and forced about four fluid ounces of milk into the stomach through the tube, then corked it again tightly. In this way I gradually (each succeeding day) dilated the stomach until it began to absorb and digest the food placed therein. In the mean time, I continued the administration of nutritious enemata, such as milk, yolk of eggs, beef essence, etc., made as warm as could be tolerated, and oiled the surface of the body, freely with cod liver oil.

In a few days the patient began to show an appreciable increase of flesh, and a decided improvement of strength. However, he has not been able to digest the coarser foods, but is rapidly improving, and I

am now (August 18th), two months after the operation, feeding him upon substantial diet; first letting him chew it all, and then eject it nto the stomach through the rubber pipe, made by Reynolds & Co., of New York.

The boy has recovered very slowly from his enfeebled condition; has never had any peritonitis—a most fruitful source of death after this operation—or inflammation of any of the tissues, save an unhealthy granulation around the tube which I controlled by the nitrate of silver.

Mr. Thomas Smith (case of gastrotomy) points out that with one exception, every patient who has survived the first three days after the

operation, had died of peritonitis. My patient came very near dying from an over quantity of grated ham and biscuit, three weeks after the operation. His bowels for the first few weeks, moved about once a week, but he is now, at the date of this paper, having a gentle action

once a day. I sent a photograph of the boy taken before the operation, showing his impoverished condition, and another, showing the operation and the artificial œsophagus.

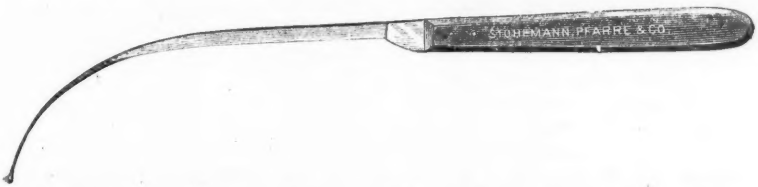
How he is nourished will scarcely require explanation. In feeding, the "œsophagus" is simply removed to the outside of his person, for it is rubber, instead of being muscular tissue. The boy, after thoroughly masticating his food, simply spits it through the tube into the stomach in a semi-fluid state. In this manner his life has been saved, and he is now independent of the stricture of the œsophagus. The benefits to him of the operative procedure by the mechanical means devised, cannot be overestimated.

The practical result of my case has been, unquestionably, the prolongation of life, which is the great desideratum of the medical man, and none the less, the desire of the patient; but whether the life of the subject of this report is "worth living," will be a matter which will be more easily, and perhaps more readily determined by Lewis Lyon, than myself.

Nous verrons. I have done my part.—*N. C. Med. Journal.*

A New Knife for Fistula in Ano.—Dr. Charles B. Kelsey, Surgeon to the Infirmary for Diseases of the Rectum, New York, in New York Medical Record, writes:

"In the operation for fistula, as ordinarily performed, the introduction of the director through the tract and bringing it out at the anus is the most painful step. The idea of the instrument represented in the accompanying cut was first suggested to me by seeing how often, in simple cases, the whole operation might be completed in an instant if the probe which is used to follow the tract in the first instance were only a knife, and if the director could be dispensed with; for, when once the probe is in the rectum, it may be brought out at the anus with little additional pain, and the parts are all ready to cut. With the instrument shown, it is often possible to operate without either, and



with no pain except that from a rapid cut with a sharp knife. The figure shows the instrument half size. It is simply a strong curved bistoury with a light silver probe welded to its end. There should be no shoulder where the probe joins the cutting edge. The knife, it is evident, is applicable to the simple cases of the disease.

"NOTE.—Since this was written, my friend, Dr. J. L. Little, has called my attention to a plate in Heister's "Surgery," published in 1768, representing a much larger, sickle-shaped knife, but made on the same plan as this and intended for the same purpose. As the instrument seems to have been entirely discarded and forgotten, however, I have concluded to introduce it once more to the profession."

ABSTRACTS AND GLEANINGS.

THE MEDICAL YEAR, 1880.

We extract from an article in Medical Bi-Weekly, the following resume of medicine for the past year:

The Porro operation does not seem to have sustained the character it temporarily secured during the year 1879. Two-thirds of the cases in 1880 have died, fifteen out of twenty-two; while in 1879, out of seventeen cases, ten recovered. The mortality has therefore been greater in this operation in this country than in the Cæsarean operation; only twenty-six in sixty-two after the Porro operation have recovered; while in the Cæsarean operation there have been fifty recoveries in one hundred and twenty operations. Emmet's views and practice have gained ground, and his followers have certainly largely increased. Battey's operation is yet sub-judice. There have so far been one hundred and thirty well authenticated cases, by thirty-six operators, all men of distinction—eighty-six recovered and twenty-three died after laparotomy; seventeen recovered, and four died after elytrotomy; a mortality of nineteen per cent. for the vaginal section, and a fraction over twenty per cent. for the abdominal; a joint mortality of over twenty per cent. Such mortality makes this operation justifiable only after all other means of relief have failed. The future must determine more clearly the nature of the cases in which it should certainly be performed. There is nothing of especial interest to note further in this department. The best men are patiently at work, and their future statistics will indicate the truth.

In general surgery the chief attention of the most prominent operators has been given to the question of Listerism. Bryant, Spencer, Wells, Holmes, Lister, Sir James Paget, MacCormac and many others abroad and at home have debated this question in lectures and with the pen, but so far the results are not entirely satisfactory. Enough has been demonstrated, however, to show that dogmatic expressions on the part of obscure and relatively inexperienced men are not only unwise but calculated to render them contemptible. When the problems unsolved are so difficult and intricate as to justify hesitation on the part of the wise, the distinguished and the great, it is not only ludicrous but ridiculous to see those too small to fill even a small chair, declare ex-cathedra their petty opinions and valueless predictions. Something positive and reliable, however, has been reached. It is true that Runke and Klebs have proved that organisms develop about and underneath antiseptic dressings, but Cheyne has proved that there are two kinds of organisms principally, the bacteria and micrococci, and that they are not interchangeable. He has proved that while bacteria are always associated with putrefactive changes, the presence of micrococci is not indicative of putrefaction or decomposition. And that while micrococci which are not indicative of putrefaction may be found under antiseptic dressings, the bacteria, whose presence indicates always putrefactive changes are never found where antiseptics

are freely used. The presence of micrococci after Listerian methods of dressing, therefore, does not prove any failure of antiseptics, for these organisms do not spring from putrefactive forces; but the bacteria organisms always to be seen where putrefaction occurs, are never seen when antiseptic dressings are efficiently prepared and adjusted. This is a positive advance. There is nothing else especially to be noticed in regard to general surgery in the past year.

Materia Medica has made no definite advances. Duboisia is slowly gaining its way as a mydriotic. Jaborandi, or its alkaloid, pilocarpine, is definitely accepted as a most valuable remedy in the inflammations of the serous membranes. Pisciatia crythrina, the Jamaica dogwood, has proved to be very efficient as an anæsthetic and hypnotic. The bromide of ethyl is generally now regarded as a dangerous agent for the production of anæsthesia. The many deaths occurring during the administration of sulphuric ether show that its much vaunted superiority over chloroform is not justifiable.

New Respirator.—We call from Canada Lancet the following points of interest: In the field of general medicine there is nothing startling, though much that is interesting. Dr. Morell McKenzie has invented a respirator for the antiseptic treatment of phthisis pulmonalis. It covers both mouth and nose, and has a double breathing chamber for containing pieces of sponge saturated with a strong solution of carbolic acid or creasote. It is worn as continuously as possible, night and day. He does not claim that phthisis is cured by this plan, but that night-sweats, cough and impaired appetite are ameliorated. Picrotoxine has been used with success by Dr. Murrell in the treatment of night-sweats in phthisis. One drachm, of a 1 to 180 solution, is added to eight ounces of water, and a teaspoonful given at bed-time. Pilocarpine was also used by the same investigator, in doses of one-twentieth of a grain at bed-time, with beneficial results. After the sweating is checked by this remedy it does not return for several weeks.

Fluid Extract of Ergot.—Dr. Jones, in the British Medical Journal, reports a case in which copious hemorrhage from the lungs, occurring in pneumonia, was arrested by fluid extract of ergot, in drachm doses, with one ounce of liquor ammonia acetatis, four times a day.

Abnormally High Temperature.—Dr. Donkin, in the same journal, reports some cases of abnormally high temperature. In eight cases under his observation, the temperature rose to 108° F., or above. In one case it was as high as 117°, yet all ended in recovery. In some a rapid fall took place, in others there was considerable sweating with the high temperature.

Desiccated Defibrinated Blood.—Dr. J. W. Teale also reports a case of rheumatic fever in a female in which the temperature reached 117° F. The use of desiccated defibrinated blood as an agent especially adapted for rectal alimentation, has been brought prominently forward during the past year. The blood thus prepared contains all the elements of blood, except water and fibrine, and is soluble in water below 160° F. A drachm of the dried specimen represents

an ounce of ordinary blood, and the quantity to be used in the course of twenty-four hours is from four to six ounces.

Alkalies in Anemia.—The use of alkalies in anemia has been brought forward by Dr. Nicholson, in an interesting article in the Practitioner. His theory is that anemia is frequently produced by hepatic disorder; that hepatic anemia is one of the most common forms, and that as alkalies, especially potash, have a beneficial action on the liver and tend to restore the blood to its normal character, they should be administered in place of iron in the treatment of anemia.

Chronic Dysentery and Diarrhœa.—Bichloride of mercury in minute doses has been found particularly valuable by Dr. Reed, (Medical Times, Philadelphia,) in chronic dysentery and diarrhœa. He gives several cases successfully treated by this remedy. Dr. Ralfe (Lancet), on the other hand, gives his experience of the management of chronic dysentery by the castor oil treatment. Bismuth hæmatoxylon and turpentine were also used in addition to the oil in some of the cases. He also lays great stress upon rest and strict attention to diet, as essentials to the cure of this disease.

Camphor and Chloral Hydrate,—Equal parts, have been successfully used to quiet unruly and sleepless patients, by Dr. Simmons (American Journal of Medical Science). In cases of violent mania, delirium tremens, etc., he has found the mixture capable of accomplishing what other sedatives failed to do. In doses of twenty grains, it will produce effects which are altogeter beyond the reach of twenty grains of either camphor or chloral hydrate, in the same dose, to accomplish when administered alone.

Tonga.—Dr. Sidney Ringer, who has investigated the new remedy called Tonga, in use among the Fiji islanders, says that the fluid extract, in drachm doses, cured promptly six cases of neuralgia, improved the seventh, and failed in the eigthth, only because the preparation had become inert. Large doses, as half an ounce, produced slight drowsiness in one patient.

Carbonate of Ammonia.—Dr. J. P. Thomas, in Virginia Medical Monthly, strongly urges the use of carbonate of ammonia in diseases of the respiratory system, and especially in pneumonia. His theory of its action is, that it prevents the accumulation of carbolic acid in the blood, by promoting oxygenation. It also renders the blood alkaline and checks exudation. He administers it in doses of twenty to fifty grains. He considers it a certain prophylactic in heart clot, and says that it has often prevented death from this cause in pneumonia.

Treatment of Lead Colic by Electricity.—A case of the successful treatment of lead colic by electricity is recorded by Rothe, in Memorabil. There was obstinate constipation, which strong purgatives failed to overcome. The negative pole of a Faradic battery was inserted in the rectum, and the positive pole over the abdomen, and a strong current allowed to pass for eight or ten minutes. Very soon after a copious evacuation of the bowels occurred, followed by amelioration of the symptoms and recovery.

"Peritoneal Surgery."—In reference to "peritoneal surgery" it is now the general impression among surgeons that in the present state of our knowledge and experience, exploration of the abdomen should be reserved for the most intractable cases of acute intestinal obstruction, the mortality so far not being less than fifty per cent. As confidence is gained in our means of diagnosis and treatment many patients that are now lost by delay may be saved. In chronic obstruction from cancer, tumors, etc., the utility of surgical interference is sufficiently proved by the results, and laparotomy, enterotomy or colotomy, may be had recourse to in suitable cases with a warrantable prospect of success. Rapid lithotrity with Biglow's improved aspirator has been fully endorsed by Sir Henry Thompson, R. T. Weir, and others. In cases in which difficulty has been encountered in removing the last few fragments, it is recommended to leave them to a future sitting rather than greatly to prolong the operation with a view to their immediate removal. This new procedure has, to a considerable extent, diminished the number of cases of lithotomy. Dr. Weir issues the injunction at the conclusion of his paper that only those who have had experience in lithotrity or who have made themselves familiar, on the cadaver, with this instrumental manipulator, should undertake the operation.

Intra-Uterine.—The subject of intra-uterine medication is still under discussion. Dr. Atthill, the great apostle of the frequent use of this method of treatment, still adheres to his practice, but has now come to regard carbolic acid as the safest and generally the most efficient agent. He uses a mixture of two parts acid to one of spirit or glycerine. He also speaks favorably of iodized phenol (iodine and carbolic acid), especially in endometritis occurring in old women. Some deaths have been reported from intra-uterine injections of perchloride of iron, one by Drs. Herman and Brown, in Obstet. Journal, Great Britain. The strength used was one to six, and the fluid was injected by a Higginson's syringe, to which a long uterine tube was attached. After a few syringefuls had been thrown up, the patient gave a faint cry, threw up her arms, turned pale, gasped for breath, and after a few inspirations died. A thrombus formed in the uterine veins and carried to the heart, was supposed to have caused the fatal result.

Venesection.—From the tone of the papers read at the different societies, and articles in the Journals of the "lost art" of venesection, it would appear that the practice is about to be revived, especially in the treatment of pneumonia. The abstraction of blood, is by most writers at present, regarded as of paramount importance to relieve engorged vessels, and prevent the effusions which always render the disease a grave one.

Jamaica Dogwood.—The use of Jamaica dogwood as a substitute for opium, has been highly recommended by those who have investigated its properties. It is more decidedly hypnotic than opium, produces no anorexia headache, and does not constipate the bowels or interfere with digestion. It acts rapidly, but its effect is less durable than opium, and requires to be given more frequently. The dose is twenty minims of the fluid extract every three hours.

Treatment of Cancer by Chian Turpentine.—Great prominence was given during the early part of the year to the treatment of cancer of the uterus by chian turpentine, brought forward by Prof. Clay, of Manchester, England. The remedy proved efficacious in his hands, and in the practice of a few others, but it has not been so generally efficacious in its effects as to warrant the high hopes at first entertained regarding its use. It seems, however, in most cases, to arrest the progress of the disease, and relieve pain, and, if given sufficiently early, may, in some cases, prove an effectual cure. It is best given in emulsion. One ounce of chian turpentine is dissolved in two ounces of pure sulphuric ether; to half an ounce of this ethereal solution, add four ounces of solution of tragacanth, one ounce of syrup, and enough water to make a sixteen-ounce mixture; the dose is two tablespoonfuls three times a day.

Otology.—One of the best papers of the year in otology is by Dr. Theobold, of Baltimore, on "The Scepticism Prevalent Regarding the Efficacy of Aural Therapeutics." He shows very ably the great progress, both in diagnosis and treatment, which has been made during the past few years; how little justifiable, by facts, are the assertions that ear-ache cannot be relieved except by bursting of the drum-head; that it is dangerous to arrest a chronic purulent discharge from the ear; that people grow out of otitis chronica, and that perforation of the drum necessarily leads to permanent deafness.

Boracic Acid in Surgery.—The use of boracic acid in surgery, has shown it to be a drug of greater power and wider range of applicability, than was formerly supposed. It is used with success on old sores and ulcers, both simple and specific, and also in the treatment of large suppurating wounds and abscesses it has been found of espacial value. In ozena and otorrhœa it acts as a prompt deodorizer and alterative, lessens the discharge and promotes healthy action. As a lotion in chronic cystitis and chronic inflammation of mucous membranes in general, it has a decidedly beneficial action.

Introduction of Tracheal Tubes by the Mouth.—Dr. McEwen, of Glasgow, advocates the introduction of tracheal tubes by the mouth instead of performing tracheotomy, and gives several cases in which he has adopted this method with good results. He recommends their use not only in chronic but also in acute affections, such as œdema glottidis, etc. The respirations are carried on perfectly through them, the sputa expelled, and the deglutition effected while the tube is in situ.

A New Antiseptic.—A new antiseptic and anti-neuralgic has been brought under notice during the past year, named menthol, a crystaline solid derived from oil of peppermint. In some respects it resembles thymol. It destroys bacteria, and applied externally, relieves neuralgic pains.

Quinine with the Bromides.—Dr. Gray, in Archives of Medicine, gives his experience of the use of quinine, as increasing the sedative effect of the bromides, belladonna, hyoscyamus, etc. He thinks it also relieves the depression which these medicines usually produce.

Salicylate of Calcium.—The salicylate of calcium in the serous diarrhœa of infants has been highly extolled during the past summer, by Dr. Hutchins, of Brooklyn. He treated successfully twenty-seven cases, from two months to two and a half years of age, with this remedy alone. Other forms of diarrhœa, lienteric or inflammatory, required additional treatment. The dose was from two to five grains.

Ergot in Diabetes Mellitus.—The use of ergot in diabetes mellitus has been brought forward by Dr. Hunt, in the Practitioner. Dr. Pepper, of Philadelphia, was the first to suggest this treatment. The dose is one drachm of the fluid extract three times a day. The rationale of its action is not known, but it is supposed to act in some way upon the vaso-motor system.

Sponge Tents.—Dilatation of the cervical canal by sponge tents, laminaria, or tupelo, is now being more or less generally discarded, owing to the danger of sepsis, and either rapid dilatation or division of the canal bilaterally up to the vaginal junction used instead, where necessary.

Pilocarpin.—This, as is well known, is an alkaloid obtained from the leaves of jaborandi. It has already been referred to in the Reporter as exhibited in uræmia and albuminuria (July 3d, 1880). Dr. L. Von Hoffer, of Austria, has seen marked improvement in diabetes from hypodermic injection of one-third of a grain of the alkaloid.

Prof. Pick, of Prague, has given one-sixth of a grain of the muriate, once or twice a day, an hour after eating, and found it of some benefit in prurigo, pruritus and chronic urticaria; of little or none in eczema and psoriasis. A singular fact he noticed was its remarkable effect on the hair. It hastens recovery in alopecia areata, and acts even more favorably on seborrhœa; indeed, in most cases he says that continued use of pilocarpin exerted an important influence on the oiliness of the hair and on its growth. The skin becomes softer, more pliant and satiny; comedos and papules of lichen can be more easily pressed out or got rid of, the scurfiness of the scalp becomes less or disappears, the hair is less brittle, the new growth of lanugo hairs changes more rapidly into dense, properly pigmented ones. Under employment of the drug for months the general condition of the patient was not impaired; indeed, the appetite improved, and he was better nourished. (*Vierteljahrschift fur Dermatologie*, 1, 2880).

The drug also exerts a stimulating influence on the retina. Dr. Mecklenburg, in Berlin, Klin. Woch., No. 44, 1880, gives this case:

A strong and healthy male prisoner, twenty-four years old, who had never previously suffered with his eyes, suddenly became night blind; as soon as dusk set in he could see nothing. It was a case of hemarolopia. The pupils were greatly enlarged, but nothing else abnormal about the eyes.

After the usual means had been tried, Dr. M. injected subcutaneously—

℞ **Pilocarpin muriat,** 0.1
Aquæ destil, ... 5.0

The improvement was immediate, and after the third injection the patient was well.

In Berlin it has also been tried in syphilis, when it has reached its constitutional stage, principally by Dr. Lewin, of La Charite Hospital The following extract from the London Medical Press and Circular gives its advantages and disadvantages thus—

In the course of three years and a half he has treated thirty-two patients. Seventy-eight per cent. of the patients were cured. Of seven cases two were of serous form, and had resisted energetic mercurial treatment; the cure was incomplete, and it was necessary to have recourse to injections of corrosive sublimate to complete it. In five other cases the treatment had to be suspended on account of intercurrent complications (endocarditis, hæmoptysis, collapse).

The mean duration of the treatment was eighty-two days. The dose injected each time was usually fifteen milligrams. The cure would be shorter if the patients would have daily injections; but as soon as amendment of the symptoms begins they require less and less frequent applications of the remedy.

Pilocarpin seems to prevent relapses with greater surety than mercury or vegetable depuratives. But in respect to facility of application, certainty of result and rapid cure, this medication is inferior to injections of corrosive sublimate, and often leaves behind it extreme sensibility to the influences of temperature, which obliges patients, after the cure, to keep their room for some time, for fear of arthritic and rheumatic troubles.

In diphtheria it was editorially recommended in the Reporter, (vol. xliii, pp. 524, 540), on the strength of the assertion by Dr. Guttman, of Berlin. His prescriptions were, however, not quoted. They are as follows, he combining pepsin with the alkaloid, in order to combat the gastric catarrh present—

℞ Pilocarpin muriat.,..... gm. 0.02—0.04
Pepsin, ... gm. 0.6 —0.8
Acidi hydrochlor,..... gtt. ij
Aquæ dest.,..... ..... gm. 80.0 M.
Sig.—A teaspoonful hourly for children.

For adults—

℞ Pilocarpin muriat.,..... gm. 0.03—0.05
Pepsin,..... gm. 2.0
Acidi hydrochlor,..... gtt. iij
Aquæ dest.,..... gm. 240 0 M.
Sig—Hourly, a tablespoonful.

Dr. Rothe, of Altenburg, in Med. Cent. Zeitung, Nov. 6th, says, that four years ago he tried jaborandi in two cases, but both died, and he renounced the experiment. This throws some doubt on Guttman's discovery.

The price of pilocarpin is high; it sells in the eastern cities at thirty-five cents per grain, which makes it almost prohibitive in many cases.

Rheumatism.—Dr. Evans, in Medical and Surgical Reporter, says: I wish to call attention to the use of large doses of quinine in the treatment of acute rheumatism. Lately I had a case in which the temperature was 110°, pulse 140. Large doses of quinine were used, and the patient recovered.

For Chronic Rheumatism.—Prof. Pepper, in Chicago Medical Journal, says: I have thus far made scarcely any allusion to the large group of valuable remedies—mostly of an alterative character—that have acquired reputation in the treatment of chronic rheumatism.

It is true that in no case of this kind can we afford to depend solely on the use of any of these remedies, to the exclusion of baths, massage, diet, hygiene, it is no less true that in nearly every case there are indications that call for the use of some one or more of them. It would be impossible to discuss at length the merits of the very numerous remedies of this class, so that I must limit myself to the bare mention of those which have proved most valuable in my own experience.

In cases of chronic rhenmatism limited to one or a few joints with considerable effusion, I have used the following with advantage:

℞ Potassi iodidi,..... ʒ ij.
Hydrargyri bichloridi,..... gr. j.
Syrup sarsæ comp.,..... ℥ v.
Ft. sol. S. Teaspoonful in water after meals.

or:

℞ Hydrargyri bichloridi,..... gr. j.
Inf. gentianæ comp..... ℥ vij.
Ft. sol. S. 1 to 2 tea-poonfuls in water after meals three times daily.

In cases where a number of joints are involved with marked tendency to exacerbations, and especially if the lesions of the small joints indicate gouty complications:

℞ Pulv. guaiaci,..... ʒ j.
Vin colchici radicis,..... ʒ ij to ʒ iij.
Potassii iodidi,..... ʒ j.
Pulv acaciæ,..... q. s.
Sp. lavendulæ comp..... ℥ ss.
Aq. cinnamoni,..... q. s. ad ℥ vj.
Ft. sol. S. Dessertspoonful three times daily in water.

The bicarbonate or the acetate of potash may often be substituted with advantage to the digestion for the iodide of potassium in the above mixture. I have already alluded to the use of prolonged courses of lithia as being very beneficial, especially in cases with a gouty element and with defective action of the kidneys. In regard to the mode of its administration, I much prefer the effervescing granulated salts.

I must also mention the benefit I have derived from the prolonged use of carefully increased doses of Donovan's solution. It is to be remembered that these alteratives have, for the most part, been given while the patient was also taking iron in large doses, cod liver oil, syr. hypophos. comp., or some similar nutriment.

I will merely mention the nitrate of silver as an alterative, from which I think I have obtained good results, especially in cases attended with neuritis and with marked nervous symptoms.

Traumatic Tetanus.—Dr. Morton, in Medical and Surgical Reporter, reports success in a case of traumatic tetanus with the following: Morphia was employed hypodermically, and conia in one-fourth drop doses, gradually increased to one-half drop, was given every two hours. Under this treatment he gradually but very slowly improved, until now he is able to be out of bed.

Atrophy of Infants.—In a case of wasting or dropsy in a child deprived of the breast: "The nursing-bottle was examined. The glass tube which extended to the bottom of the bottle was lined with curd, and a quantity of milk remaining from a supply placed in the bottle about an hour before was sour and contained numerous small curds. This change, it was stated, often occurred, in spite of much care taken to keep the bottle and tubing clean.

Directions were given to substitute a soft india-rubber nipple for the tubing, to keep both the bottle and nipple thoroughly clean, to wash out the child's mouth with cold water after each feeding, and to use a food composed of one part of barley-water to two of milk, with the addition of a tablespoonful of lime-water to each half-pint. Small doses of bicarbonate of sodium, with peppermint-water, were prescribed every three hours. The nurse was also ordered to rub half a teaspoonful of warm olive oil into the skin of the abdomen twice daily, to anoint the surface involved in the intertrigo with oxide of zinc ointment, and to keep the feet warm by frictions with the hand.

The improvement under this treatment was rapid. On April 11, (the day of the last visit), his mouth was cool and free from thrush; there was little eructation; the bowels were natural; there were no more attacks of colic; the sleep was undisturbed; the child had begun to gain weight; and the intertrigo was very much better."—*Medical Times.*

Coca in the Opium Habit.—In response to inquiries as to the use of coca in the opium habit, we give the instructions of Dr. Palmer, as published in the Louisville Medical News, as follows:

"Coca is to be used as a *substitute* for the opium. It is, therefore, to be taken as freely as the cravings of the system for opium may demand—tablespoonful doses of the fluid extract several times a day, more or less, as needed. The 'break-off' is to be made at once and for all, and coca is the staff upon which the sufferer is to throw his whole weight."

The fluid extract, as prepared by Parke, Davis & Co., Detroit, is recommended as a good preparation.

Nasal Catarrh.—Dr. Hamill, in Medical and Surgical Reporter, says: A man for five years had suffered from nasal catarrh. Almost everything had been tried without benefit, when he was recommended to plug the nostrils alternately with cotton. He found great relief from this simple treatment, and I call attention to it, so that others may try it.

Dr. Cathell, says: I have tried it and found it beneficial. I got the idea from a little article going the rounds of the press. A German was the originator, and had used it in fifteen cases; all got well; average duration of treatment, twenty-one days. I have used it for about one year, and know of no case which has not been cured or greatly benefitted. It gives rest to the irritated membrane. I do not use it in ozæna.

SCIENTIFIC ITEMS.

The Prall System of Heating —During their recent convention in this city the members of the American Society of Civil Engineers were entertained by the Prall Union Heating Company. The dinner was cooked throughout by superheated water; and whatever may have been the cost on the relative economy of the system, the cooking was accepted as unquestionably satisfactory.

That bread can be baked and meat roasted by hot water may seem quite incredible to those who think of boiling water only as commonly seen in open vessels. Under atmospheric pressure water can be heated no higher than 212°, far below a roasting temperature. But when confined there is no limit to the temperature it may receive save the weakness or strength of the containing vessel.

The Union Heating Company propose to supply heat and power to houses by a system of pipes circulating water heated under pressure to about 376°, that is, a pressure of about 160 pounds above the atmosphere. In being conveyed a mile in boxed pipes, under ground, the water, it is claimed, loses not more than 1°, so that a temperature of 375° can be maintained in the pipes of a cooking range, a heat sufficient for all culinary purposes. The heating of houses can be effected either by air currents circulating around hot-water coils, or by means of steam radiators, the hot water being converted into steam in small converting chambers.

In the operation of the system, central boiler stations will be established in districts of about one square mile area. The pipes conveying the superheated water from the central station and back again, are laid in the same trench, and are so connected as to allow a forced circulation. The return pipe conveys to the generator all the water not drawn off for domestic or other purposes, thereby saving all the heat not available for heating purposes or for steam power.—*Scientific Am.*

The Utilizing of the Tide.—A Philadelphia engineer has invented, it is claimed, a machine by which the power of the tide can be utilized. Numerous plans have been proposed for the accomplishment of this most desirable end, but only under exceptional conditions have they been practical or economical. If the new device can harness the tide in an open channel, so as to convert any considerable portion of the vast power into working force, the inventor will rank among the great benefactors of humanity. Emerson says somewhere: "Hitch your wagon to a star." A device for utilizing mechanically the free tides, as they sweep along our shores, would come next to that, since it would enable us, through converters and electricity, to hitch our wagons to the sun and moon.—*Scientific American.*

Where our Forests are Going.—To make shoe pegs enough for American use consumes annually 100,000 cords of timber, and to make our lucifer matches, 300,000 cubic feet of the best pine are required every year. Lasts and boot-trees take 500,000 cords of birch,

beech and maple, and the handles of tools 500,000 more. The baking of our bricks consumes 2,000,000 cords of wood, or what would cover with forest about 50,000 acres of land. Telegraph poles already up represent 800,000 trees, and their annual repair consumes about 300,000 more, The ties of our railroads consume annually thirty years' growth of 75,000 acres, and to fence all our railroads would cost $45,000,000, with a yearly expenditure of $15,000,000 for repairs. These are some of the ways in which American forests are going. There are others; our packing boxes, for instance, cost, in 1874, $12,000,000, while the timber each year in making wagons and agricultural implements is valued at more than $100,000,000.—*Fishkill Standard.*

The Population of the Earth.—Boehm and Wagner calculate and show the population of the world to be very near fourteen hundred and fifty-six millions of people, and nearly seventeen millions more than it was at the time of the last issue of their publication, nineteen months ago. It seems rather startling, at first sight, to find that the population of the earth is increasing at the rate of *nearly a million persons per month;* but a little consideration shows that this is quite possible, since the rate of increase of population in most countries, of which we have trustworthy statistics, exceeds one per cent. per annum. Asia is said to contain considerably more than half the population of the globe, or eight hundred and thirty-five millions; Europe, three hundred and sixteen millions; Africa, two hundred and six millions; America, ninety-five millions; Australia and Polynesia, four millions. Bearing in mind the different areas of the continents, we can see that America will long be able to absorb, to the advantage of itself and of all other nations, the surplus population of the rest of the world, even if it should exceed twelve millions per annum.—*Boston Journal of Chemistry.*

Transforming Sound into Light.—Mr. Treve has described to the French Academy of Sciences an experiment with an apparatus which he calls a singing condenser, by which he believes he effects the transformation of sound into light. When a current of electricity is brought to bear upon his condenser a sound is produced, which he attributes to the vibrations of the air in the condenser, produced by the shock of the electric current. Reversing this experiment, he placed the condenser in a Geissler tube, and brought the two poles of the electric current to bear upon the condenser through the electrodes of the table. The tube was then connected with an air pump. The condenser sounded as usual when the current was directed to it under the ordinary atmospheric pressure; but when the air was withdrawn the sound became more and more feeble, until, as a vacuum was produced, it ceased entirely, and a clear, bright light appeared, sparkling like pearls, from the leaves of the condenser—quite unlike the ordinary pale, vague light of the Geissler tubes.—*Boston Journal of Chemistry.*

Tenacity of Iron.—Recent experiments by Piazzoli appear to establish the fact that the tenacity of iron increases on magnetization.

PRACTICAL NOTES AND FORMULÆ.

Warner's Parvules.—We have before alluded to the excellency, purity and practical convenience of these unique and beautiful preparations, manufactured by Wm. R. Warner & Co., Philadelphia. We carry them in our pocket-case daily and find little use for the apothecary, as we can readily administer the different ingredients in any required fraction or quantity by giving one or more of the different parvules, so as to meet the indications of the case.

We find them very efficient, safe and reliable. Children will usually swallow them without difficulty, and they are borne by the most delicate stomachs in cases that will not tolerate the usual methods of administering drugs. We seldom fail to induce children to take the quinine parvules, who ordinarily cannot be persuaded to take the remedy in powder or solution, or if forced down they will at once eject it by vomiting.

Treatment of Diphtheria by Tartaric Acid.—M. Vidal advocates the employment of tartaric acid in diphtheria (*La France Medicale*). Local action on the false membrane is necessary because they have a great tendency to propagation by a sort of auto-inoculation comparable to that which takes place in certain skin diseases. The formula he employs is this:

Tartaric acid,	**10 grammes.**
Glycerine,	**15 grammes.**
Distilled mint water	**25 grammes.**

The tartaric acid acts on the false membrane, which it changes into a gelatinous mass and favors its expulsion. Applications of it should be made about every three hours, and should be followed a short time after by applications of lemon juice.—*Cincinnati Lancet and Cliuic.*

Petroleum Mass.—Dr. Milton, in Maryland Medical Journal, says: The following preparation of petroleum has afforded me more gratifying results in chronic bronchitis, laryngitis and obscure pains of the lungs, than anything else. The formula recommended by Dr. M. Griffith, of Irving, N. Y., is as follows:

℞	**Petroleum mass,**	℥ j.
	Pulv. cubebæ,	aa ℥ ss.
	Pulv. Doveri,	

Make 4 grain pills. Sig.—One pill every 3 or 4 hours.

Chlorate of potash to be used in making Dover's powders instead of sulphate of potash.

Ergotin Solution for Hypodermic Use.—

℞	**Ergotini**	gr. 36
	Glycerinæ	
	Aquæ	aa m 108

Mix.
3

Removal of Spots, Stains, Etc.—The following are extracted from a German journal:

Matter Adhering Mechanically.—Beating, bruising and currents of water, either on the upper or under side.

Gum, Sugar, Jelly, etc.—Simply washing with water at a hand heat.

Grease.—White goods, wash with soap or alkaline lyes. Colored cottons, wash with French chalk or fuller's earth, and dissolve away with benzin or ether.

Oil Colors, Varnish and Resins.—On white or colored linens, cottons or woolens, use rectified oil of turpentine, alcohol lye and their soap. On silks, use benzin, ether and mild soap, very cautiously.

Stearin.—In all cases, strong, pure alcohol.

Vegetable Colors, Fruit, Red Wine and Red Ink.—On white goods, sulphur fumes or chlorine water. Colored cottons and woolens, wash with lukewarm soap lye or ammonia. Silk the same, but more cautiously.

Alizarian Inks.—White goods, tartaric acid, the more concentrated the older are the spots. On colored cottons and woolens and on silks, dilute tartaric acid is applied cautiously.

Blood and Albuminoid Matters.—Steeping in lukewarm water. If pepsin or the juice of Carica papya can be procured, the spots are first softened with lukewarm water, and then either of these substances are applied.

Iron Spots and Black Ink.—White goods, hot oxalic acid, dilute muriatic acid, with little fragments of tin. On fast dyed cottons and woolens, citric acid is cautiously and repeatedly applied. Silks, impossible.

Lime and Alkalies.—White goods, simple washing. Colored cottons, woolens and silks are moistened, and very dilute citric acid is applied with the finger end.

Acids, Vinegar, Sour Wine, Must, Sour Fruits.—White goods, simple washing, followed up by chlorine water if a fruit color accompanies the acid. Colored cottons, woolens and silks are very carefully moistened with dilute ammonia, with the finger end. [In case of delicate colors, it will be found preferable to make some prepared chalk into a thin paste, with water, and apply it to the spots.]

Tanning from Chestnuts, Green Walnuts, etc., or Leather.—White goods, hot chlorine water and concentrated tartaric acid. Colored cottens, woolens and silks, apply dilute chlorine water cautiously to the spot, washing it away, and reapplying it several times.

Tar, Cart Wheel Grease, Mixtures of Fat, Rosin and Acetic Aeid.—On white goods, soap and oil of turpentine, alternating with streams of water. Colored cottons and woolens, rub in with lard, let lie, soap, let lie again, and treat alternately with oil of turpentine and water. Silks the same, more carefully, using benzin instead of the oil of turpentine.

Scorching.—White goods, rub well with linen rags dipped in chlorine water. Colored cottons, redye if possible, or in woolen raise a fresh surface. Silks, no remedy.

Cancer Cure.—

℞ Arsenic.....
Rochell Salts.....
White vitriol.....
Sulphur..... aa ʒ i

Mix with yolk of eggs to the consistence of butter, and put into a new earthen dish; put into a brick or stone oven; slowly bake it until it rises up higher than the top of the dish, like a well done, rich cake, let it cool and rub up fine; mix a little of the above with the yolk of an egg and apply to the cancer.

Change every two days; do not make the plaster quite as large as the cancer, for it will find the whole of the cancer, let it extend ever so far. Salve to use after the cancer is out:

Fresh butter or lard..... ℔ i.
Beeswax, ... ʒ iv.
Pine turpentine,..... ..... ʒ vi.
Pure honey,..... ʒ ij.
Resin,..... ʒ iij.

Melt all together, and set off the vessel from the stove, and partly cool; add half ounce of finely pulverized verdigris; stir until cool.

This salve is to be used first; afterwards the following to heal the sore:

Hog's lard..... ..... ʒ iv.
Beeswax,..... ʒ ivss.

Melt together and stir until cool. Also for cancer a middle receipt:

White vitriol,..... 2 parts.
Arsenic, ... 1 part.
Corrosive sublimate,..... ½ part.

Mix the powder with simple cerate. Mix well and apply a little of this to the cancer every day, until it is out, and heal it with the healing salve. The foregoing prescriptions enjoy great celebrity in certain parts of our State, and undoubted cures have been known to result from their use.

The practitioner will be able to decide from the nature of each case, the length of time these applications should be continued, etc.—*Med. Independent.*

Amenorrhœa, Dysmenorrhœa, Etc.—Dr. W. K. Bowling, of Nashville, Tenn., regards spirits of ammonia as specific in all the above diseases, in relieving the terrible sufferings of the patient. Use the following, viz: Put a drachm of spirits of ammonia in a chamber, and require the patient to sit on it a few moments. Dr. Bowling regards this a "Discovery" in medicine.

McMunn's Elixir.—In place of this nostrum there has been adopted into the U. S. Pharm. a formula for tinctura opii deodorata. This preparation, as furnished to the hospitals of the department, is assayed and adjusted to the strength of 4 grs. of morphia in 1 fl. ʒ.—*Monthly Review of Medicine and Pharmacy.*

Two Favorite Prescriptions.—Prof. J. S. Wellford, M. D., reports the following prescription valuable in cases of lactation, general debility, anæmia, and all cases requiring a general nervine and tonic:

℞ Tr. ferri. chlorid,..... ℥ vi.
Acid Phosph. dil..... ℥ vi.
Quinidiæ sulph..... ℈ ii.
Strychniæ,..... gr. ½.
Syr. simpl ..... ℥ iv.
Aq. destil, ... qs. ℥ iv.

M. ft. mist. S. One teaspoonful in water three times a day.

Dr. Wellford also uses the following with much success in constipation, either of pregnancy or of a general and habitual character:

℞ Pulv. fol. sennæ..... ℥ iij.
Sem. anisi..... ℥ i.
Rad. glycyrrhizæ,..... ℥ i.
Sulphur sublim.... ..... ℥ i.
Sacchar alb..... ℥ iii.

M. ft. pulv. S. One teaspoonful stirred in a wineglassful of water, and taken at bed-time.—*Clinic.*

Asthma.—

℞ Chloral Hydrate..... ℥ v.
Potassii Bromidi,..... ℥ ijss.
Syrup Flores Aurantii Aquæ Distillat,..... aaf ℥ i. M.

S. One teaspoonful in half a wine glassful of water every two hours until sleep is induced or dyspnœa is relieved.

Or, the following:

℞ Grindelia Robusta,..... ¾ ounce.
Yerba Santa..... ¼ ounce. M

Sig. One-half to one teaspoonful, more or less, according to age every half, one or two hours; be governed by its effect on the disease.—*Ind. Pract.*

Lent's Solution of Quinia.—

℞ Quiniæ Sulphat..... ..... gr. 80
Aquæ..... fl. ℥ 1
Acidi Sulphur. dil..... q. s.
Heat to boiling and add Acidi Carbolici..... gr. 5

For Hypodermic use.

Burns.—Dr. A. L. Barry, of Ringold, Ga., says, that a solution of alum in water forms an excellent application to burns, relieving the pain in a few minutes, and leading to a rapid healing of the inflamed surface.

℞ Alum..... ..... 1 ounce.
Water ..... 1 quart.

Sig. Keep a cloth wet with the solution constantly applied.

EDITORIALS AND MISCELLANEOUS.

EDITORIAL NOTICES.

Wm. R. Warner & Co.—See new advertisement of this staunch and reliable house in this number of our Journal.

SEE new insert or New Year's address of Messrs. Merrell, Thorpe & Lloyd, that excellent manufacturing house of Cincinnati.

Schuman's Pharmacy.—We invite attention to the advertisement in this issue of the above establishment. Mr. Schuman has held a high position in Atlanta as a careful and skillful pharmacist and druggist.

A. A. Mellier.—See the new advertisement of A. A. Mellier, wholesale druggist and dealer in surgical instruments, etc., St. Louis, Mo. This house comes highly recommended as an old and reliable establishment.

A Working Friend.—Dr. A. T. Park, of Georgia, has placed us under strong obligations by sending a club of *twenty-eight* names for the RECORD for the year 1881. The Doctor is an active and progressive man in the profession, and a gentleman of warm and generous impulses.

Geo. J. Howard & Bro., Wholesale Druggists, Atlanta.—We invite attention to the advertisement of the above firm. They are good men and have opened up a large and splendid assortment of goods in the heart of the city. The senior partner was formerly engaged in the drug business in this city and established a high reputation as a staunch, successful and reliable business man.

Our Price-List.—The price-list, as contained in our last, was incorrect, the proof having been unintentionally overlooked. It did injustice to the Atlanta market and to Messrs. Pemberton, Pullum & Co., that excellent drug firm, who have engaged to make the monthly revisions. The fault was not theirs, for they are careful and reliable business men, and sell goods at low figures. The present list will be found correct, and hereafter care will be taken that no such oversight shall again occur.

THE Leibig Laboratory and Chemical Works Co., (Agts. J. L. Berg & Co., New York) are supplying the profession with a number of very useful preparations—among which we mention with special favor their Cocoa Beef Tonic, as well adapted to low states of the system where a nutritive, stimulating and tonic agent is required. We have been informed that Dr. J. C. Le Hardy, of Savannah, Ga., reported the treatment of three cases of chronic dyspepsia with the Cocoa Beef Tonic, wherein the assimilation of food was very defective, and there was a general dimunition of weight. The results obtained in two weeks were very flattering—one patient gained five pounds in weight; another three pounds, and the third three pounds and a half. This is certainly a remarkable showing. In view of the late favorable reports as to the effects of Cocoa in counteracting the opium habit, it would seem that the above preparation would be admirably adapted to the low nervous condition to which opium eaters are so subject. Indeed, it might prove a superior form in which to administer the Cocoa for the relief of this unfortunate habit.

A Reminder.—We are constrained to remind our readers that the terms of this Journal are *cash in advance.* All the losses we have sustained have resulted from the waiving of this rule In the desire to keep up and increase our list we have, in too many instances, granted time to medical brethren who, though promising, and no doubt intending to pay, have not done so, thus subjecting us to much loss. It is the universal experience of journalism, that the cash rule alone can succeed. It is better for both the reader and the publisher that this rule be observed, and we therefore request all our friends who have not remitted to do so at their earliest possible convenience.—MANAGING EDITOR.

WE invite attention to two advertisements, in this issue of our Journal, of Parke, Davis & Co., Detroit, Mich. This house is doing an immense work as manufacturing Chemists—especially in the line of new preparations. Their new therapeutical agents, introduced from abroad, are adding constantly to the armamentarium of the practitioner in the conflict with disease.. Their establishment is large, and among the most liberal, reliable and enterprising on the continent. It may truthfully be said that no country in the world is making such rapid strides in the department of Therapeutics as our own. Our manufacturing Chemists are, as a class, very able and enterprising, and vie with each other in the preparation of fine Chemicals and excellent compounds. Great attention is given to the purity of the drugs used, and to neatness and precision in putting up the goods. In all these particulars the house of Parke, Davis & Co., have attained a deservedly high and world-wide reputation, and their goods are in constant and increasing demand.

RENEWALS.

The proposition made in our December number to enter all upon the list for 1881 who did not notify us to the contrary by the 20th of January seems to have met the favor of subscribers everywhere, *only one man* having ordered a discontinuance up to this date. While this is true of renewals, quite a large addition has been made to our list in new subscribers. This is very gratifying to the editors, as it shows that the Journal is not only holding its own, but is constantly growing in popularity with the profession.

WHY DON'T YOU WRITE?

We again appeal to our readers to write. Every observing and practical man has probably learned something that others have not, and if so, it is his duty to give it to the profession. It is only in this way that we can hope to make progress in the profession. Those who do not choose to write for our Original department can write a practical note or send us a good formula. Or, if nothing else, can address a question through the Journal, to their professional brothers, who may thus be drawn out in the expression of their views. In this way facts may be elicited and our readers mutually profited.

OUR JOURNAL FOR 1881.

As our volume dates with the January issue, this is No. 1 of Vol. 11. Thus it will be seen that we are entering upon our eleventh year. In the last ten years the RECORD has held its own, passing through those trying initiatory struggles in which so many noble crafts have sunk—manfully encountering, and successfully passing through the ordeal of the panic of 1873 and the hard years immediately succeeding, until now it is able to state to its readers that all is well, and the outlook for the future more flattering than for many years.

During the present year renewed efforts will be made to improve the

already popular features of the Journal in all its departments. Arrangements have been made to enhance the interest of the Original department, a number of able gentlemen having engaged to write for us. The article in the present issue by Prof. Powell, our senior editor, will, it is believed, prove interesting, especially to young practitioners. Upon closely analyzing the "Conversations" it will be seen that the Professor has sought to inculcate a thought or principle, either moral, ethical or medical, in every paragraph. He expects to continue the conversations, embodying practical thoughts and suggestions upon various topics. His long experience as a writer, a teacher, and a practitioner, well fits him for the task which he has assumed. W.

The Principles and Methods of Therapeutics.—By Alphonse Gubler, M. D., Professor of Therapeutics in the Faculty of Medicine of Paris, etc. Translated from the French. One volume 8vo. In press. Ready March 1st, 1881.

Gubler may be said to have been the most distinguished exponent of scientific therapeutics—in the best sense of the term—of this generation. Following Trousseau in the professional chair, and a pupil of that great teacher, he took a long step in advance of his master, and may be said to have developed the only method of therapeutics which reconciles the empirical and clinical art of medicine with the demands of exact and logical science. His labors created a new epoch in professional practice in France, and in all other countries where they have become known have made a profound impression on the professional mind.

BOOK NOTICES.

A COMPENDIUM OF MODERN PHARMACY AND DRUGGIST'S FORMULARY: Containing the recent methods of manufacturing and preparing Tinctures, Fluid Extracts, Perfumery, Extracts, Emulsions, Toilet Articles, Wines and Liquors; also, Physician's Prescriptions, liniments, pills, powders, ointments, syrups, antidotes to poison, weights and measures, and miscellaneous information indispensible to the Pharmacist, by Walter B. Kilnner, Pharmacist, Springfield, Ill., 1880.

This is a work of 478 octavo pages, neatly and elegantly gotten up. It is certainly a very valuable collection of formular and pharmaceutical preparations, especially suited to the prescriptionists and pharmacists. We are much pleased with it. See advertisement.

COMPENDIUM OF MICROSCOPICAL TECHNOLOGY: A guide to Physicians and Students in the use of the microscope, and in the preparation of Histological and Pathological specimens, by Carl Seiler, M. D., late director of the Microscopical and Biological section of the Academy of Natural Sciences of Philadelphia; Curator of the Pathological Society; Pathologist and Microscopist to the Presbyterian Hospital, etc., etc.

This work is especially adapted to a beginner in microscopic study, and is plain, practical and admirably gotten up for the purposes in view.

MEDICAL HERESIES, HISTORICALLY CONSIDERED: A series of critical essays on the Origin and Evolution of Sectarian Medicine, embracing a Special Sketch and review of Homœopathy, past and present, by Gonzales C. Smythe, A. M., M. D., Professor of the Practice of Medicine, Central College of Physicians and Surgeons, Indianapolis, Member of American Medical Association, etc., Philadelphia. Pressley Blakiston, 1012 Walnut street, 1880.

A very interesting work of 228 pages, giving a condensed history of the evolution of medicine.

MINOR SURGICAL GYNECOLOGY: A Manual of Uterine diagnosis and the lower technicalities of gynecological practice, for the use of the advanced student and general practitioner, by Paul F. Munde, M. D., Prof. Gynecology in Dartmouth Medical College, Obstetric Surgeon to the Maternity Hospital, New York; Physician for Diseases of Women to the out-door department of Mt. Sinai Hospital, and late Assistant Surgeon to the New York Woman's Hospital, etc., etc., with 300 illustrations. New York, William Wood & Co., 27 Great Jones St, 1880. W. B. Dalston, Agt., Atlanta, Ga.

This is a work of 380 octavo pages, well gotten up, timely in its objects, and eminently practical. The author remarks truly, "That many an error may be avoided, and many a manipulation rendered easy for physician and patient, if the sources of possible error and the details of the manipulation be clearly laid down before the operator. With this object, the book has been prepared. The author has, perhaps, as nearly accomplished his object as is practicable for it to be done, and the work before us, we opine, will be found more satisfactory in the simplicity of its descriptions and the clearness of detail, than any work yet issued in this department.

YELLOW FEVER, ITS SHIP ORIGIN AND PREVENTION:—By Robert B S. Hargis, M. D., Pensacola, Fla. D. G. Brinton, M. D., publisher, 115 South Seventh street, Philadelphia.

A work of 76 octavo pages. The views of the writer are forcibly expressed, and are well worthy of perusal by every one who is interested in the important subject of which he treats.

RECEIPTED.

[Receipts not acknowledged privately are entered here.]

1879. Drs. M Giesy, J L Hudson, M C Baldridge. 1880. Drs. W D Hunt, W N Ames, S G Nichols, A F Harris, J W Harris, N B Warner, W B Maxwell, McCallum, N G West, Jno O'Brien, T L Cook, G R Dozier, G W Bowling, W Coggin, H M Longino, L M Wood, A H Askew, J S Knott. 1881. Drs. W S Johnson, B F Rudisill, G M Patterson, E H Parrham, M K Harrison, J A Davidson, J Gerdine M J Luster, Samuel Pool, C F Rodgers, C F Yeager, R E Toombs, Z D Emerson, J T Cleveland, R H Edwards, T P Olliver, A V Ponder, 6 ms., P W Callahan, J D Harrell, W B King, D B Hamilton, J W Mitchell, J W Lee, J McMichael, to Jan. '82; W T Kendall J B Vandergriff, Nath Wofford, R J Milam, M D Miles, W B Allgood, T B Wright, W M Gay, C A Jordan, J C Treutham, H T Emerson, S J Ellis, G W Delaperriere, W E Courson, J H Redding, F H Peck, S P Clayton, D Long, B J Foster, I T Suggs, 6 ms. of '81; M B Pollard, C M Gibson, R A Shimpoch, '82; J R Harrison, A A Davidson, J C Moody, R S Forchand, C H Jones, J S Glenn, A T Park.

SPECIAL NOTICES.

PARKE, DAVIS & CO., Detroit, Mich., manufacture a full line of Fluid Extracts, Sugar Coated Pills, Medicated Lozenges, Elixirs, Wines and Syrups, with Specialties, Sundries and Concentrations.

Of Lozenges special formular made to order of any desirable size. Special formula also furnished of Sugar Coated Pills in lots of 3,000 and upwards.

For full Descriptive Circular and Price-list, send to PARKE, DAVIS & CO., Detroit, Michigan.

The advertisement of the now celebrated SADDLE BAG, **ELLIOTT'S PATENT**, appears in this issue of our Journal. It is owned and manufactured by A. A. Mellier, of St. Louis, whose house has been established for 25 years, and is among the leading Wholesale Drug establishments of the country. He obtained the patent right of this BAG four years ago, and showing its merits to the United States government, it was adopted and 300 were immediately ordered, and are now in active use; a very clear evidence of superiority.

The **PARVULES** of WM. R. WARNER & Co., Manufacturing Chemists, Philadelphia, are very reliable and convenient medical agents for the busy practitioner. The doses are fractional, and may therefore be graded to any desired amount. Being exceedingly small and sugar coated, they are adapted to the most delicate stomach, and children will take them without any trouble. This house has secured a world-wide reputation as manufacturing Druggists, and all their goods are of the first order and put up in the best possible style.